

Product-Plan Data Collection

Company Legal Name:

Aetna Health Inc. (a PA corp.)

State:

KY

HIOS Issuer ID:

34822

Market:

Small Group

Effective Date of Rate Change(s):

1/1/2017

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		Aetna POS												
Product ID:		34822KY006												
Metal:		Bronze	Bronze	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Silver	Gold	Gold	
AV Metal Value		0.620	0.617	0.817	0.797	0.820	0.720	0.714	0.717	0.710	0.695	0.693	0.801	0.802
AV Pricing Value		0.765	0.795	1.120	1.046	1.168	0.998	0.905	1.035	0.946	0.930	0.828	1.149	1.130
Plan Category		Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	New	New
Plan Type:		POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS
Plan Name	KY Bronze HNOOption 5500 80 50 HSA E	KY Bronze HNOOption 6200 100 50 HSA E	KY Gold HNOOption 1000 80 50	KY Gold HNOOption 1500 80 50 Integrated	KY Gold HNOOption 500 80 50	HNOOption 2000 80 50	HNOOption 2600 80 50 HSA E	KY Silver HNOOption 3000 100 50 HSA E	KY Silver HNOOption 3500 80 50	KY Silver HNOOption 5000 80 50	KY Silver HNOOption 5500 80 50 Integrated	KY Gold HNOOption 0 100 50 40	KY Gold HNOOption 0 100 50 50	
Plan ID (Standard Component ID):	34822KY0060009	34822KY0060010	34822KY0060002	34822KY0060003	34822KY0060001	34822KY0060004	34822KY0060005	34822KY0060011	34822KY0060006	34822KY0060007	34822KY0060008	34822KY0060014	34822KY0060015	
Exchange Plan?	No	No	No	No	No	No	No	No	No	No	No	No	No	
Historical Rate Increase - Calendar Year - 2	0.00%													
Historical Rate Increase - Calendar Year - 1	0.00%													
Historical Rate Increase - Calendar Year 0	0.00%													
Effective Date of Proposed Rates	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	
Rate Change % (over prior filing)	7.25%	8.92%	5.84%	8.57%	6.40%	4.83%	8.26%	9.28%	2.53%	5.75%	10.19%	0.00%	0.00%	
Cum'tive Rate Change % (over 12 mos prior)	11.32%	13.06%	9.86%	12.69%	10.45%	8.81%	12.38%	13.43%	6.43%	9.77%	14.38%	0.00%	0.00%	
Proj'd Per Rate Change % (over Exper. Period)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Product Rate Increase %	11.43%													

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

[illegible]

Average Current Rate PMPM	\$404.12	\$370.41	\$378.91	\$549.55	\$500.02	\$570.08	\$494.07	\$434.18	\$491.83	\$478.88	\$456.47	\$389.98	\$0.00	\$0.00
Projected Member Months	4,001	500	500	200	200	200	250	501	500	250	250	250	200	200

Section III: Experience Period Information

[illegible]

Premium Info	EHB Percent of TP, [see instructions]	#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	state mandated benefits portion of TP that are other than EHB	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TP	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Claims Information	Total Allowed Claims (TAC)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	EHB Percent of TAC, [see instructions]	#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	state mandated benefits portion of TAC that are other than EHB	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TAC	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Allowed Claims which are not the issuer's obligation:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0												
	Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!												
	Total Incurred claims, payable with issuer funds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Net Amt of Rein	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Net Amt of Risk Adj	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Incurred Claims PMPM	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Allowed Claims PMPM	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EHB portion of Allowed Claims, PMPM	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Section IV: Projected (12 months following effective date)

Premium Information	Plan ID (Standard Component ID):	Total	34822KY0060009	34822KY0060010	34822KY0060002	34822KY0060003	34822KY0060001	34822KY0060004	34822KY0060005	34822KY0060011	34822KY0060006	34822KY0060007	34822KY0060008	34822KY0060014	34822KY0060015
	Plan Adjusted Index Rate	\$564.46	\$454.87	\$472.57	\$666.00	\$621.57	\$694.54	\$593.04	\$538.21	\$615.42	\$562.20	\$552.73	\$492.04	\$682.93	\$671.61
	Member Months	4,001	500	500	200	200	200	250	501	500	250	250	250	200	200
	Total Premium (TP)	\$2,258,406	\$227,435	\$236,285	\$133,200	\$124,314	\$138,908	\$148,260	\$269,643	\$307,710	\$140,550	\$138,183	\$123,010	\$136,586	\$134,322
	EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Total Allowed Claims (TAC)	\$2,298,470	\$266,253	\$277,935	\$118,248	\$113,174	\$122,968	\$149,490	\$273,948	\$311,580	\$143,699	\$144,320	\$128,751	\$124,812	\$123,291
	EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Claims Information	Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Allowed Claims which are not the issuer's obligation	\$537,842	\$88,947	\$93,731	\$14,406	\$16,260	\$14,676	\$33,909	\$63,737	\$71,694	\$34,129	\$36,594	\$32,853	\$18,331	\$18,574
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Total Incurred claims, payable with issuer funds	\$1,760,628	\$177,306	\$184,204	\$103,841	\$96,914	\$108,291	\$115,581	\$210,211	\$239,887	\$109,571	\$107,726	\$95,898	\$106,482	\$104,717
	Net Amt of Rein	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Net Amt of Risk Adj	-\$520	-\$65	-\$65	-\$26	-\$26	-\$26	-\$33	-\$65	-\$65	-\$33	-\$33	-\$33	-\$26	-\$26
	Incurred Claims PMPM	\$440.05	\$354.61	\$368.41	\$519.21	\$484.57	\$541.46	\$462.32	\$419.58	\$479.77	\$438.28	\$430.90	\$383.59	\$532.41	\$523.58
	Allowed Claims PMPM	\$574.47	\$532.51	\$555.87	\$591.24	\$565.87	\$614.84	\$597.96	\$546.80	\$623.16	\$574.80	\$577.28	\$515.01	\$624.06	\$616.45
	EHB portion of Allowed Claims, PMPM	\$574.47	\$532.51	\$555.87	\$591.24	\$565.87	\$614.84	\$597.96	\$546.80	\$623.16	\$574.80	\$577.28	\$515.01	\$624.06	\$616.45